| Revision:   | HCFA-PM-91- 4<br>AUGUST 1991   | (BPD) OMB NO.: U938-   |  |  |
|---|--------------------------------|--|--|--|
|   | State:                         | Arizona  |  |  |
| Citation<br>1902(a)(52)<br>and 1925 of<br>the Act |                                | Families Receiving Extended Medicaid Benefits  |  |  |
|   | (a)                            | Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).                     |  |  |
|   | (b)                            | Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are   |  |  |
|   |                                | Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <a href="https://doi.org/10.1007/html/html/may-be-greater-if-provided-through-acaretaker-relative-employer-is-health-insurance-plan">https://doi.org/10.1007/html/may-be-greater-if-provided-through-acaretaker-relative-employer-is-health-insurance-plan</a> ). |  |  |
|   |                                | Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:   |  |  |
|   |                                | Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  |  |  |
|   |                                | <pre>/// Medical or remedial care provided by<br/>licensed practitioners.</pre>  |  |  |
|   |                                | /_/ Home health services.  |  |  |
| Supersedes  | <u>2-25</u><br>Approval<br>)-6 | Date 3 30 73 Effective Date October 1, 1992  |  |  |

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| Revision: | HCFA-PM-91- 4<br>AUGUST 1991 | (BPD)                | OMB No.: 0938-   |
|-----------|------------------------------|----------------------|--|
|           | State:                       |                      | Arizona  |
| Citation  | 3.5                          | Families<br>(Continu | s Receiving Extended Medicaid Benefits ued)  |
|           |                              |                      | Private duty nursing services.   |
|           |                              |                      | Physical therapy and related services.   |
|           |                              |                      | Other diagnostic, screening, preventive, and rehabilitation services.  |
|           | N/A                          | <i>[</i> 7           | Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases. |
|           |                              |                      | Intermediate care facility services for the mentally retarded.   |
|           |                              |                      | Inpatient psychiatric services for individuals under age 21.   |
|           |                              |                      | Hospice services.  |
|           |                              |                      | Respiratory care services.   |
|           |                              |                      | Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.                    |

TN No. 92-25
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|-----------|------------------------------|------------|---|
|           | State:                       |            | Arizona   |
| Citation  | 3.5 <u>Fami</u><br>(Con      | lies Re    | eceiving Extended Medicaid Benefits   |
|           | (c) <u>/</u> /               | fees,      | agency pays the family's premiums, enrollment, deductibles, coinsurance, and similar costs nealth plans offered by the caretaker's over as payments for medical assistance      |
| N/A       | <b>A</b>                     |            | 1st 6 months / 2nd 6 months   |
|           |                              | emplo      | gency requires caretakers to enroll in yers' health plans as a condition of bility.   |
|           |                              | /          | 1st 6 mos. / 2nd 6 mos.   |
|           | (d) <u>/</u> /               | fa<br>ex   | e Medicaid agency provides assistance to milies during the second 6-month period of tended Medicaid benefits through the llowing alternative methods:                           |
|           |                              |            | Enrollment in the family option of an employer's health plan.   |
|           | N/A                          | <u>/_/</u> | Enrollment in the family option of a State employee health plan.  |
|           |                              |            | Enrollment in the State health plan for the uninsured.  |
| :         |                              | _7         | Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid). |

| TN No. 92-25             | 1 /     |                                |
|--------------------------|---------|--------------------------------|
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|                          |         | HCEN ID. TOOOR                 |

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Arizona State:

## Citation

3.5 Families Receiving Extended Medicaid Benefits (Continued)

> Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

N/A

- (2) The agency--
  - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

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